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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Num	oer:	3235-0076				
Expires:	April	30.2008				
Expires: April 30,2008 Estimated average burden						
hours per r	espon	se 16.00				

SEC	USE ONLY
Prefix	Serial
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Brighton 2007	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: Amendment Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	11000 600 1000 1000 1000 1000 1000 1000
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	07077148
Premier Performance, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
278 East Dividend Drive, Rexburg, Idaho 83440	208) 359-1414
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Wholesale and retail marketing, sale and distribution of aftermarket automotive diesel engine	performance parts and accessories.
Type of Business Organization corporation	ase specify): PROCESSED company
Month Year Actual or Estimated Date of Incorporation or Organization: [0]8 [0]7 Actual Estima	SEP 1 4 2007
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

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2. Enter the information re	equested for the fo	llowing:			
Each promoter of	the issuer, if the is	suer has been organized w	vithin the past five years;		
 Each beneficial ow 	ner having the pov	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of equity securities of the issue
 Each executive off 	ficer and director of	f corporate issuers and of	corporate general and man	naging partners of	partnership issuers; and
 Each general and r 	managing partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			<u> </u>	
Business or Residence Addre 278 East Dividend Drive	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	,				
Brighton Premier, LLC, a					
Business or Residence Addre 1800 Peachtree Street, S	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Nye, Mark	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
278 East Dividend Drive,	Rexburg, Idaho	83440			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Valora, Parley			, ,		
Business or Residence Addre 278 East Dividend Drive,		Street, City, State, Zip Co 83440	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Hatch, Kim	f individual)				
Business or Residence Addre			dc)		····
278 East Dividend Drive,	Rexburg, Idaho	83440			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Daniel G. Broos	f individual)				
Business or Residence Address 1800 Peachtree Street, S	•	•	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Homer, Thomas					
Business or Residence Addres 1800 Peachtree Street, S			de)	, <u>, , , , , , , , , , , , , , , , , , </u>	

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2. Enter the information requested for the fo	llowing:			
• Each promoter of the issuer, if the is	suer has been organized w	ithin the past five years;		
 Each beneficial owner having the poven 	ver to vote or dispose, or dis	rect the vote or disposition	of, 10% or more of	f a class of equity securities of the issuer
 Each executive officer and director of 	of corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and
 Each general and managing partner of 	of partnership issuers.			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Premier Performance, Inc.				
Business or Residence Address (Number and 278 East Dividend Drive, Rexburg, Idaho	Street, City, State, Zip Co 83440	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			•	
Business or Residence Address (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and	Street, City, State, Zip Co.	de)		· · · · · · · · · · · · · · · · · · ·
(Use blan	nk sheet, or copy and use a	idditional copies of this sh	eet, as necessary)	

	15		i.,		1	يونه فلأنجأ وا	42 7 3	Ke .				
											Yes	No
1. Has th	e issuer sol	d, or does t								**************		
2 11/1-4	:				Appendix		_				e 20,	00.00
2. What	is the minin	num investn	neni inai v	viii de acce	pied Irom i	any maivid		***************			Yes	No
3. Does	the offering	permit join	t ownershi	ip of a sing	le unit?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						™
comm If a pe or stat	ission or sin rson to be li: es, list the n	tion requesi nilar remune sted is an ass ame of the b , you may s	ration for s sociated pe proker or de	solicitation erson or age ealer. If me	of purchase ent of a brok ore than five	ers in conn cer or deale e (5) perso	ection with or registered ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	he offering. with a state		
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	lumber and	d Street, C	ity, State, 2	Lip Code)						
Name of A	ssociated B	roker or De	aler									
-		n Listed Ha										
(Check	k "All State	s" or check	individual	l States)				•••			☐ AI	l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler							 -		
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State	s" or check	individual	States)	***************************************			•••••••			☐ Al	l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name	(Last name	first, if indi	ividual)	-								
Business o	r Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)	· <u> </u>				•	
Name of As	sociated B	roker or Dea	aler	·								
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers					-	
(Check	"All States	s" or check	individual	States)	••••••	***************************************	•••••			••••••	☐ All	States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	A	A A A1 . 1
	Type of Security	Aggregate Offering Price	Amount Aiready Sold
	Debt	S	s
	Equity	5	\$
	Convertible Securities (including warrants)	20,000.00	20,000.00 \$
	Partnership Interests		\$ 2,750,000.00
	Other (Specify)	5	\$
		2,770,000.00	\$ 2,770,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
? .	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$ 2,770,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$ 2,770,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
I .	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
•	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 30,000.00
	Accounting Fees	_	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	-	s
	Total		30,000.00

	and total expenses furnished in response	gregate offering price given in response to Par to Part C — Question 4.a. This difference is t	he "adjusted gross	\$
5.	each of the purposes shown. If the an	ted gross proceed to the issuer used or propo nount for any purpose is not known, furnish. The total of the payments listed must equal tonse to Part C — Question 4.b above.	n an estimate and	
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees		S	\$
	Purchase of real estate		S	_ 🗆 \$
	Purchase, rental or leasing and installa	ation of machinery	\	□ \$
		ings and facilities		
	offering that may be used in exchange	ding the value of securities involved in this for the assets or securities of another		[]\$
	Repayment of indebtedness			🗆 \$
	Working capital			<u></u>
	Other (specify):		∠ \$ 2,740,000).0(s
				[]\$
	Column Totals			0.00 \$ 0.00
	·	added)		2,740,000.00
14				
sign	issuer has duly caused this notice to be s nature constitutes an undertaking by the information furnished by the issuer to a	igned by the undersigned duly authorized per issuer to furnish to the U.S. Securities and E any non-accredited investor pursuant to para	rson. If this notice is filed under F exchange Commission, upon writ	
Issi	ter (Print or Type)	Signature	Date	
Pre	emier Performance, LLC	(20) mil	9-4	-0+
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Dan	iel G. Broos	Manager		

-	Salara Maria Maria	8 3664 3		
1.	Is any party described in 17 CFR 230.262 provisions of such rule?			Yes No
	Se	ee Appendix, Column 5, for state re	sponse.	
2.	The undersigned issuer hereby undertakes to D (17 CFR 239.500) at such times as requi	•	any state in which this notice is	filed a notice on Form
3.	The undersigned issuer hereby undertakes issuer to offerees.	to furnish to the state administrator	s, upon written request, informa	ation furnished by the
4.	The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of establish	state in which this notice is filed and	d understands that the issuer cla	
	uer has read this notification and knows the con thorized person.	itents to be true and has duly caused t	his notice to be signed on its beh	alf by the undersigned
Issuer (Print or Type)	Signature	Date	
Premie	r Performance, LLC			- Y-07
Name (Print or Type)	Title (Print or Type)	I	

Manager

Instruction:

Daniel G. Broos

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				1 4	1. 200 %						
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			4 Dis unde (if Type of investor and expandent purchased in State wa		under Sta (if yes, explana	ification ate ULOE attach attion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA											
СО											
СТ											
DE											
DC									į		
FL											
GA		×	lic units 2,500,000	1	\$2,500,000	0	\$0.00		×		
ні											
ID		×	Ilc units 162,500	2	\$162,500.00	0	\$0.00		×		
IL											
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KS							,				
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1	Intend to non-a investor	to sell ccredited s in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and rchased in State C-Item 2)		under Sta (if yes, explana	attach tion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО				,					
MT		×	Ilc units \$87,500	1	\$87,500.00	0	\$0.00		×
NE									
NV									
NH									1
NJ									
NM									
NY									
NC		×	warrant \$20,000	1	\$20,000.00	0	\$0.00		×
ND		and a second company of the second company o							
ОН									
ок									
OR									
PA									
RI									
sc									
SD								1	
TN									
TX									
UT									
VT									
VA									
WA									
wv									
WI								7	

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1		2	3		4					
	to non-a	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and expla amount purchased in State waive (Part C-Item 2)			amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

